

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>10/10/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>10</i>	<i>12-18-00</i>
FORMALITY REVIEW	<i>S.S.</i>	<i>69134</i>	<i>11-19</i>
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>1</i>	<i>1-30-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
11/19/01	
2/14/02	
10/30/02	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet her

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